





ON  
O V A R I A N   D R O P S Y,

WITH

CASES OF OVARIOTOMY.

BY

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## ON OVARIAN DROPSY,

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I PROPOSE to give, very briefly, my experience of ovarian dropsy ; for I have had the misfortune, during the fifteen years of my professional life, to have seen fully my share of cases of ovarian disease, and, on looking back upon these cases now, the retrospect is in every way a very sad and most unsatisfactory one ; for of all that have occurred during that time, in my own, as well as those I have had the advantage of seeing in my brother's practice, which have been let alone, or treated with palliatives, or tormented by half-measures, only one is now alive. The exceptional case was an example of multilocular disease, in a patient of middle age, and commenced five or six years ago. The largest cyst, after having been tapped several times, was injected with iodine. The inflammatory action that ensued nearly cost the patient her life, and though the secreting power of that cyst was thereby destroyed, room was only given for others to enlarge with equal rapidity. These generally inflamed after being emptied, and what with tappings and injections of iodine, dyspnoea and peritonitic attacks, this lady has had a miserable life of it ; and now she drags about a huge pendulous tumour—apparently nearly solid, and adherent to the skin—and as its growth has latterly been slow, there is a probability that she may attain her average duration of life.

With this solitary exception every case of the disease has run a rapid course. I have seen it, more than once, fatal within six months of its commencement, several times within a year, and in no case have the patients survived longer than two years after the tumour had attained a large size ; and, besides others at more advanced periods of life, I have seen at least a dozen young and interesting lives lost, without an attempt to save them by the radical cure. The injection of iodine, it is true, generally destroys the secreting power of the cyst, but it is only applicable, with any hope of ultimate success, in the rare unilocular variety of the disease, and I have seen it followed by suppuration of the sac and death. My

experience of tapping has been equally unfortunate. I have seen it, on one occasion, followed by death in a favourable case within forty-eight hours, and, in many instances, it is but another name for slow death, at least such has been my experience of it. When the disease is allowed to run its natural course, there is generally much more suffering in connexion with it than is usually supposed, and death from it is a very lingering and a very painful one. The cases that live long, in good health, are proportionally very few in number. You hear of them for a long time; one case lasts a lifetime, and is always before one, while the many who die early are soon forgotten. Besides, these longlived cases are sometimes in reality examples of fibrous tumours of the uterus. "What makes you cut into women," said a member of this Society to me one day; "if you would only let them alone they would live far longer. There is Miss —, she has had an ovarian tumour for the last twenty years, and she walks out and in to town as well as I can." Now I had seen Miss —. Hers was not a case of ovarian disease, but one of a large fibrous tumour of the uterus; and I know of another similar case of fibrous tumour that had long and often been mistaken for ovarian disease.

I have found, on trial, all the various half-measures brought forward for the cure of this formidable disease very tedious, very dangerous, and at best most unsatisfactory; still, there was little inducement for one here to attempt the radical cure; for with the exception of Mr Lizars's case, forty years ago—the first successful case in Great Britain—all attempts in Scotland had uniformly been attended with unsuccess, and there was still less encouragement to recommend it to patients, who, naturally, hearing but of fatal results, were most unwilling to entertain the thought of it. Show me a successful case was the invariable reply; and, though long persuaded that ovariectomy was one of the most justifiable operations in surgery, I shrank from the performance of it. Besides, the more recent statistics by Mr Clay of the fatality of the operation, in the hands of first operators, was most discouraging. For, of 87 single operations performed by individual operators, only 34 recovered, and of 27 attempted operations, 20 died and but 7 survived to die of the natural termination of the disease.

At this time two very instructive and suggestive cases occurred within a short time of each other in the practice of my brother. The first was that of a patient from the country, about forty-five years of age. The tumour was a large multilocular one, and increasing rapidly. My brother proposed to perform ovariectomy; but, on going to see her, within a fortnight of her first visit to him, he found her in bed feverish and ill. Her health broke up; she never got into a state for operation, and she died soon after.

The second case was that of a young patient, about twenty years of age, also from the country. The tumour was of ten months' growth, multilocular, and her health was giving way very fast.



On going out to remove the tumour, the week after she was first seen, he found her labouring under slight pleuritic effusion, and not in a condition in which to risk the operation. Thinking to relieve her breathing, the largest cyst was tapped. Inflammation of the cyst came on, followed by the most intense peritonitis I ever saw, and she died four or five days afterwards.

Soon after this, when I hated the very name of ovarian dropsy, and was almost inclined to accept the well-known dictum of Dr William Hunter, that the patient will have the best chance of living longest under ovarian dropsy who does the least to get rid of it, I was asked to see Mrs R., aged forty-nine, who, after long battling with her disease, had taken to bed, with little prospect of again leaving it. The tumour was a large multilocular, of rapid growth, filling up the whole abdomen, and fast breaking up her health; and when this woman, finding herself dying of her disease, placed herself entirely in my hands, confiding in my honour, asking me to do whatever I could and whatever I chose to save her life, warned by the results of these preceding cases, and by my former experience of this disease, I did not dare to recommend to her any other treatment than the radical cure. But, on going to her house, a few days afterwards, to see to some necessary arrangements, she too was found to be affected with pleurisy. In her case, however, it yielded to remedies, and on the 18th of September 1862, I removed a multilocular tumour, weighing 25 lbs., besides nearly as much ascitic fluid. She was at the head of her family in the course of a month, and is now in perfect health.

The next case that occurred was that of Mrs S., aged fifty-five, recommended to me by Dr Thomson of Dalkith. The case was one urgently demanding relief, for the life of the patient was seriously threatened by the disease. The tumour, which was a large multilocular, weighing 45 lbs., was removed on the 7th of January last. The operation was a very severe one, from the extensive and intimate nature of the adhesions to the abdominal wall, bowel, omentum, and mesentery, and extended over two hours. She recovered without a bad symptom, and without the discharge of a drop of matter from the wound; and when I saw her a few weeks ago, it was difficult to recognise in the healthy looking, happy face before me, the haggard emaciated patient of six months before.

The third case died suddenly from exhaustion the day after the operation, on being raised in bed. The prognosis, in this case, had been most unfavourable, for the large multilocular tumour, weighing 63 lbs., had so displaced the heart that its apex was beating against the third rib. I wished to have operated on this case eight months before, when the health of the patient was pretty good, or at least only beginning to give way, and the tumour was half the size it afterwards attained. She was, however, at that time taken out of my hands and tapped, and when she was again placed under my care, by Professor Simpson, eight months afterwards, her emaciation was

extreme, and her strength exhausted. The effect of the tapping had been most disastrous, for though the opening in the skin had healed, the opening in the cyst wall remained patent, and as the cyst refilled, which it did in a few days, the secretion from it was forced into the loose cellular tissue of the abdominal wall, rendering the parietes of the abdomen so thick and brawny, and so vascular, that though, notwithstanding extensive adhesions, there was little difficulty in removing the tumour, the time occupied in arresting the bleeding, from numerous points in the wall, was so great, that I cannot help thinking this tended very much to exhaust still more her little strength, and to lead to the fatal result. As it was, judging from the post-mortem appearances, she was very nearly getting well. These cases have been already reported at length in the *Edinburgh Medical Journal*.

*Multilocular Ovarian Tumour, weighing upwards of one hundred and twenty pounds. Ovariectomy—Recovery.*

In the beginning of March last, I was requested by Dr Craig of Ratho, and Dr Carruthers of Cramond, to visit a patient of theirs,—a Mrs H.—who had been the subject of a large ovarian tumour for at least three years. About five years previous to this, however, before she came under the care of Dr Carruthers, there was a history of an acute pelvic attack, and it is more than probable that the disease took its origin at that date. She married in 1858, and in the course of her first pregnancy she had repeated convulsions, unaccompanied, however, by albuminuria, and she was generally looked upon by her friends as a delicate, nervous woman, who used to faint when she got a tooth pulled. She recovered well from her confinement, and did not require any attendance till July 1861, when Dr Carruthers, on being hurriedly sent for, found she had given birth to a seven months' child, and it was at this visit that he detected the ovarian disease. In the course of three weeks the distention became so great, and the dyspnoea so urgent, that it was necessary to relieve her by tapping, and nearly five gallons of fluid were removed. For some time after this she went about her usual domestic duties, apparently in the best of health. The cyst soon refilled, but, notwithstanding the great dimensions which the tumour was attaining, her general health continued good: she took her food well, lived quietly, and enjoyed life, until eighteen months after the first tapping, when a second was required. Upwards of fifty pounds of thick fluid were again withdrawn; but the size of the abdomen was little diminished by this operation, and secondary cysts were now felt in all directions. The tumour began at once to refill, she lost flesh, and her health rapidly gave way.

She was a middle-sized, well-formed, fair-complexioned woman, twenty-seven years of age. She was delicate and anæmic-looking, and was very much emaciated, especially about the shoulders and



back. The tumour was of great size, and was slung by an ingenious arrangement of a broad calico bandage. It projected more to the left side, bulging the flank outwards, and it was found, after the removal of the tumour, that on this side some of the cartilages of the ribs had become absorbed by the pressure. Although fifty pounds of fluid had been removed but three weeks before, her girth at the umbilicus was already fifty-six inches, fifty-two inches at the end of the sternum, for the ensiform cartilage had disappeared, and there was a space of thirty-seven inches between the end of the sternum and the pubis. The ribs were pushed a great way outwards, while the liver, heart, and lungs were pushed far upwards, and as she lay in bed, the umbilicus rested between the heads of the tibiæ. In addition to all this, projecting from the vagina there was a large vascular tumour, the size of a child's head, which required to be supported by a broad pad. This was found to be a prolapsus of the posterior wall of the vagina; it was easily reduced, but soon came down again. The top of the vagina was so much drawn upwards, that it was impossible to bring the finger within reach of the uterus.

Finding herself dying from the pressure of a local disease, was it any consolation to this woman to be told that other women somewhat similarly affected, sometimes dragged on a miserable existence for ten, or fifteen, or twenty years? Finding nothing to be hoped for from palliative measures, she naturally asked, could surgery do nothing for her? She knew all about ovariectomy, and understood full well its dangers. She placed herself entirely in our hands, and notwithstanding the unusual and formidable dimensions of the tumour—for no tumour of such measurements had hitherto been removed and the patient survived the operation—we all felt, on careful consideration of the case, that we were not justified in leaving, that we did not dare to leave this woman to die without an effort to save her, and I willingly agreed to remove the tumour, should it be found, when tapping was again necessary, that the uterus was free from pelvic adhesions. The circumstances of the case were besides favourable for the performance of a severe operation. The patient, though most fragile looking, was evidently a woman of uncommon resolution. Her house was in the country, in the midst of a garden. She had a most intelligent nurse, and having been for many years before her marriage in the service of her husband's employer, she was surrounded with every comfort that kindness could suggest or money procure.

We met again a fortnight afterwards, my brother Dr Keith joining our consultation. The abdomen now measured upwards of sixty inches at the umbilicus; it was covered with huge veins and varicose lymphatics, and presented a most formidable appearance. She was weaker than at our last visit, was losing flesh, and it was evident that no time was to be lost. We agreed to tap first,—to allow the heart, lungs, and liver to regain their normal positions,—to arrive

thus at a more correct diagnosis than was possible before, besides diminishing the risk of the operation itself. I accordingly emptied the largest cyst on the left and upper part of the tumour. Fifty-five pounds of thick glairy fluid were removed, and the upper part of the tumour subsided, leaving a small space of clear sound under the ribs on either side; but the dulness of the epigastric region remained unaffected. The abdomen was still of great size, especially to the right side. Parietal adhesions were extensive, and the solid mass of the tumour large. The uterus was now within reach. It was dragged to the right side, but its body was movable, and free from pelvic attachments.

She was allowed to remain quietly in bed for three days, and the operation was proceeded with on the 31st of March. Dr Craig of Ratho, Dr Howden of Ratho, Dr Carruthers of Cramond, and Dr Keith were present. She was deeply chloroformed, and an opening made at first only sufficient to admit the hand. Firm adhesions between the abdominal wall and tumour rendered it necessary to cut into the latter, in order to make out the line of separation between the two. Strong adhesion was separated downwards to the pubis, and the state of the pelvis examined by the hand; the uterus was free, but the pedicle was very short, and, besides the broad ligament, consisted of a fibrous offshoot from the uterus, and was bound down by firm adhesion, along with a portion of the tumour, to the inner edge of the pelvis, over the iliac vessels, on the right side. Various cysts were then rapidly emptied through a large canula, and a great quantity of thick viscid fluid of different densities removed. After separating by the hand a great extent of adhesion, there remained a large solid mass, made up of small cysts—the jelly-like contents of which were too thick to run through the canula—lying between the umbilicus and ensiform cartilage, so completely incorporated with the abdominal wall, that it was found impossible to tell where lay the line of demarcation between the two. Thinking this mass might be separable, if reached behind the parietal peritoncum, I cut into this texture near the edge of the mass, but was also foiled in that direction. It was then dissected off with the knife for a considerable extent; but as this went on, the bleeding began to get troublesome, for if I cut near the muscle, I apparently got in amongst the enlarged terminal branches of the internal mammary arteries, and when I kept away from the wall more into the substance of the cyst-wall, which was here upwards of an inch in thickness, the parts were so vascular, that I was warned not to proceed further in that direction. But as it was now safer to proceed than to stop, the pedicle was carefully separated from its adhesions, and the clamp applied, with some difficulty, close to the uterus. The bleeding at once ceased. A ligature was placed between the tumour and clamp, and the pedicle divided; and, as this was done, a sudden gush of blood, filling the pelvis, made me fear for a



moment that some of the iliae veins had been injured. This was seen, however, to have been caused by the return blood from the tumour, the ligature having slipped. I next cut into the mass of the tumour, passed my arm into it, and broke down the numerous small cysts of which it was composed. The relaxed state of the abdominal wall was now so great, that the adhering cyst-walls were easily cut away, without its being necessary to enlarge the incision above the umbilicus. It was thought better to leave a piece about the size of a handsbreadth, close to the ensiform cartilage. This could not have been conveniently dissected off without enlarging the incision at least eighteen inches, and this I was most unwilling to do. The omentum, which was puckered at its base, by old adhesions, had given a good deal of trouble during this latter part of the operation, and as it had been necessarily a good deal handled, and felt cold, a fine silk ligature was passed round its base, and the whole cut away, the ends of the ligatures being cut off short and left behind. We then waited till the bleeding ceased. Some clots lying upon the upper surface of the stomach were removed, and the abdomen and pelvis cleansed from clots, ovarian fluid, and debris of cysts. This was done carefully, but most thoroughly. The clamp, which had been allowed to drop into the pelvis to be out of the way, was brought outside; but, notwithstanding the laxity of the abdominal walls, there was a considerable drag upon the uterus. The wound was now closed amidst the most serious apprehensions for the immediate safety of the patient; for my brother, who was giving chloroform, had reminded me occasionally during the last half-hour, that the pulse had from time to time been imperceptible at the wrist. The operation lasted an hour and a half.

The shock was most severe, and for an hour or two she looked as if she would die. Reaction was not encouraged however, and she was not stimulated, for I was afraid of bleeding from the great extent of adhesion that had been separated, and she had a peculiar hæmorrhagic look, which was most alarming. Towards evening, vomiting came on, and her appearance improved after this. She passed a better night than could have been expected, and by morning the fear of death from shock or hæmorrhage was over.

She remained under the charge of Dr Carruthers of Cramond, and I take this opportunity of acknowledging the intelligent care with which the after-treatment of this case was conducted by him. The wound healed by the first intention, and the clamp fell off on the twelfth day. That afternoon she complained of some irritation of the rectum, and began to pass small quantities of bloody jelly-like mucus. Next day, there was a feeling of some fluctuation above the pubis, and there was also some fulness of the recto-vaginal fossa, with great swelling and tenderness of the vagina. Soon after our visit in the morning, she was seized with intense abdominal pain, severe vomiting, followed by coldness of the

extremities, imperceptible pulse, and collapse. Freely stimulated, this alarming condition passed off by the evening. The vomiting, pain, and distention continued, and for some days her state gave rise to much anxiety. On the sixteenth day, I made an opening by the rectum into the recto-vaginal fossa, and evacuated six or eight ounces of exceedingly foetid bloody fluid. This gave relief, and a few days after there was a spontaneous discharge of several ounces of matter from the lower end of the external incision. By the end of the third week all anxiety on her account was at an end; and though this attack had reduced her to an extreme degree of feebleness and emaciation, her subsequent convalescence, though slow, was uninterrupted.

The weight of the cyst-walls and contents of the various cysts was upwards of one hundred and twenty pounds. But a great amount of cyst-fluid was lost during the operation, not included in this estimate, for the sofa on which the patient lay, as well as the blankets and carpet of the room, were soaked through and through; and this is, so far as I am aware, by far the largest tumour ever removed successfully from the living body.

It is now five months since this operation was performed. The patient is going about quite well, with every prospect of perfect health and a long life before her. It was the most severe and formidable proceeding I was ever concerned in, and surgery never rescued any one from a miserable death under apparently more hopeless circumstances.

Isabella C., æt. twenty-two, from Dundee, recommended to me by Professor Syme, came under my care on the 14th of May last. She had suffered from ovarian disease for about five years, but little inconvenience had resulted till two years ago, when she had severe pain in the left side under the ribs. Since then she has had repeated attacks of pain here and there all over the abdomen. Latterly, the tumour has increased rapidly, and her general health has begun to give way.

She was a little woman, considerably emaciated, but of remarkable cheerfulness and fortitude. She measured  $41\frac{1}{2}$  inches at the umbilicus, and  $20\frac{1}{4}$  between the ensiform cartilage and pubis. The tumour filled up the whole abdomen, and adhesions were supposed to be extensive. No solid masses could be detected. Altogether, she was in a better state of health than any of my previous patients on whom I had operated. She had, however, a red, dry, irritable tongue, and parched lips, and knowing too well, from former experience, how difficult it is to get a patient suffering from ovarian disease out of this condition into a better, and how easily she may pass into a worse state, I did not recommend any unnecessary delay.

After allowing her to remain quietly in bed for a few days, I emptied the cyst, removing 27 lbs. 10 oz. of thick dark treacly-looking fluid. I did this to satisfy myself that the tumour was

not composed of a single cyst; in which case, I should not at that time have considered myself justified in at once recommending such a serious proceeding as ovariectomy. But, finding a large mass of secondary cysts lying under the liver, I next morning removed the tumour through an incision little larger than sufficient to admit the hand, breaking down firm adhesions over the whole anterior surface of the tumour, from its attachment up as far as the edges of the ribs on the left side, and over both iliac fossae, and separating the omentum, which was adherent to the upper part of the cyst. The tumour was attached to the right side by a short pedicle of unusual breadth, and when the clamp was secured outside, there was a great drag upon the uterus. I then waited till a capillary hæmorrhage from the torn adhesions had ceased, removed some small clots, sponged out the pelvis, and closed the wound. Dr Keiller, Dr James Sidey, and Dr Keith gave me on this, as on other occasions, their usual excellent assistance.

The tumour weighed 33 lbs. 2 oz.

She made a rapid recovery, though, from the unavoidable strain upon the uterus, she suffered for two or three days more pain than I had previously witnessed in any of my former cases; but this ceased at once on the removal of the clamp. She went home to Dundee, quite well, four weeks after the operation.

The natural history of such a case would have been simply this, a longer or shorter period of increasing suffering, followed by a miserable and lingering death.

Mrs R., æt. fifty-two, a patient of Dr James Sidey, was known to have suffered from ovarian disease for about six years. For four years its progress was slow; but almost from its commencement she had had severe attacks of pain in the tumour, low down in the pelvis, and within the last two years its increase had been decided. I first saw this patient about ten months ago; her health was then pretty good, her life not in the last threatened, and non-interference was consequently recommended. Six months ago, and again three months ago, I still advised no interference. But since then, especially during the last two months, the tumour had increased in all directions with great rapidity, and the question of its removal began to be entertained.

The tumour was of a very irregular shape, the cysts small and very tense, and here and there small hard masses were felt. Both flanks were bulged outwards, and the edges of the ribs were beginning to be slightly everted. She often had great pain, referred generally to some spot low down in the iliac regions, and her nights were often restless. But the tumour was pushed downwards into the pelvis, and the examination of the uterus and roof of the vagina was not satisfactory; for the uterus was jammed against the left side of the pelvis, and the upper part of the vagina had a hard tense feel, and even, after having examined this case on at least twenty



different occasions, I still did not feel satisfied, till one day, about six weeks ago, when I put the patient upon her knees, and making pressure upon the roof of the vagina, I seemed to have dislocated the pelvic portion of the tumour from its position, for the uterus was now felt to be quite free and movable, and the vagina lost at once the hard tight feeling it had so long maintained. Soon after this, she had a most severe attack of pain in the tumour, accompanied by great irritation of the rectum, and excessive vomiting, which continued for nearly a week. This attack was followed by acute painful œdema of the right leg; and as this subsided, there was swelling of the vagina and lower part of the abdominal wall, and ascitic fluid began to collect rapidly in the cavity of the peritoneum. As this accumulated, it became evident that adhesions, which had been supposed to be present over the anterior surface of the tumour, did not exist, and there was a corresponding improvement in the feeling of the uterus and upper part of the vagina, and I was satisfied, as well as were several of my friends who had examined this case, and in whose judgment I had great confidence, that the body of the uterus was free from any attachment. I had intended, before this ascitic fluid had made its appearance, to have emptied a cyst of considerable size on the right side, which dipped into the pelvis, in order to assist the diagnosis; but as that now seemed clear, I was unwilling to put my patient to the slight additional risk of doing so, and I began the operation in hopes that this tumour, which I had so long looked upon as one most difficult of removal, would in reality be taken away quite easily.

After exposing the tumour and allowing the ascitic fluid to escape, it was found that the tumour so filled up the pelvis, that it was necessary to empty the various cysts before the pelvic cavity could be examined by the hand. About three gallons were collected, and both ovaries were found to be diseased. The left was composed of a single cyst, and extended upwards under the ribs. It was tapped and drawn out, and its pedicle, which was the longest I ever met with, was secured. The uterus was small, but movable in all directions, and free from adhesion. On proceeding to remove the right ovary, it was found to have no pedicle. The tumour arose about an inch from the uterus, the broad ligament suddenly expanding in all directions, enclosing within its folds an immense thick mass of dense sarcomatous substance, out of which arose the large cysts composing the tumour, and the entire removal of which was evidently impossible. After due consideration, it was thought the better practice to remove as much of the mass as possible, instead of abandoning the operation altogether, by returning the now emptied and partly broken-down cysts. The cyst-walls were, moreover, exceedingly vascular, and had been punctured in many places, and were bleeding freely; and it was out of the question to cut off the mass, in hopes of being able to tie the vessels singly. A strong twine ligature was first passed through it; but, from the

elastic nature of the tissues, it was impossible to tighten this sufficiently to arrest the circulation through such a mass. It was finally secured with difficulty by two pairs of clamps, each embracing one-half of the enormous pedicle. These were arranged outside in a much more satisfactory way than could have been expected. Some bleeding, which came freely from where the elamps were passed through, was arrested by pressure with lint. The upper part of the wound was then elosed by seven or eight points of wire-suture; for it had been necessary to carry the incision for three or four inches above the umbilicus. But as I was afraid to cut off the mass of flaccid cysts, in case the clamps should slip, or in case they had not sufficient control over the large vessels in the substance of the mass, I allowed them to remain attached till next morning, and, on then removing the mass of cyst-walls, found that it contained a large deposit of bony matter, here and there, in its substance. The stump of the pedicle—such as it was—was then freely touched with perchloride of iron, and a bag of chareoal laid over all.

There was no shock whatever from the operation, which was very prolonged, and she was put to bed in a very good state. She passed water copiously without requiring the catheter, and perspiration was free. For four days she did very well, and I was fondly anticipating a cure. After a restless night, however, in one of those hot nights we had last week, she suddenly began to sink, apparently from pure exhaustion.

The examination was very interesting. On carefully examining the line of incision, which had been secured by seven wire-sutures passed through the whole thickness of the abdominal wall, including nearly half an inch of peritoneum, it was observed that the peritoneal line of union was so uniformly perfect that it was impossible to tell where the line of incision had been. The wires were felt under the peritoneal surface; and on cutting one of these from the outside, in order to see how the cut extremity of the wire would behave when passing over the freshly united serous surface, I was surprised to find, though it was withdrawn with the utmost gentleness, and the point kept as much as possible against the upper surface of the wall, that the point of the wire tore the peritoneal membrane right across, leaving it ragged, and allowing a drop of matter which lay along the track of the wire to appear on the peritoneal surface. This left upon me the impression that we do not trust nature half enough in leaving wires so long in, and it seems to me that Mr Spencer Wells is right when he unites his wounds with fine silk, and withdraws his sutures at the end of forty-eight hours.

There was no trace whatever of general peritonitis. A copious exudation of thick healthy lymph existed all around the part of the tumour not removed, and the intestines in the neighbourhood were adherent round this. The slough had not extended beyond the clamps into the substance of the mass, which contained several

small cysts. The uterus was very movable, and perhaps smaller than natural. I was quite satisfied that no more of the attachment of the tumour could have been removed than had been done, and it appears to me that the diagnosis of such a rare and unfortunate case is impossible.

These are all the cases in which up to the present time I have performed this operation, and with the successful cases amongst them, I have had the good fortune to break the line of unsuecess that has, since Mr Lizars's case, in 1823, hitherto followed the operation of ovariectomy amongst us. Never having seen a single case cured, but having seen many die under all other modes of treatment, I have now confidence in this operation. I have given it a fair trial, for I have not selected favourable cases as I have heard it reported. On the contrary, I have declined no case that has presented itself, however advanced the disease, or however reduced the strength of the patient. But I have refused to operate in many cases, in which life not being seriously threatened, I neither considered the patient warranted in submitting to, nor myself justified in undertaking, such a serious proceeding. With one exception, in which the patient's health was only beginning to give way, all were extreme cases of multilocular ovarian disease. The weight of the tumours was beyond the average; one was by far the largest ever removed with success. Adhesions were present in all of the cases, and in five of them were very formidable and extensive; and in four, the time occupied by the operation was between an hour and a half and two hours and a half.

Into the many as yet undecided questions, in connexion with ovariectomy and its after-treatment, I do not, from my limited experience, feel warranted in expressing an opinion; but it has seemed to me better to narrate my cases simply as they occurred. At present, for instance, Mr Clay's tables appear to show that there is a smaller mortality in leaving the pedicle of the tumour within the abdomen than in securing it externally; while the more recent experience of the most successful London operators would seem to indicate that, in hospital-practice, there is a larger amount of success than in private operations. Now, we would certainly expect the opposite of this to be true. In a year or two, statistics will doubtless decide all these and other questions in connexion with this subject. I would merely add, that, after having carefully studied in the originals every case of this operation I could find narrated, it appears to me, that what has been written on ovariectomy by Mr Spencer Wells of the Samaritan Hospital is most satisfactory and trustworthy. No one has done more than Mr Wells to improve the operation and to simplify its after-treatment; and it gives me pleasure to acknowledge that when I commenced these operations I took him for my guide.

There is no operation that has had so much evil spoken of it as ovariectomy. No surgical proceeding ever brought forward for the



saving of life has been so unfairly treated ; not one has had to pass through such an ordeal of opposition, ridicule, and unbelief, and none has come so triumphantly out of it. When successful cases were made known, it was said they were selected cases, and should have been let alone, and that the unsuccessful had been kept back. Fatal cases were spoken of as tragedies ; and when an honest man narrated his unsucccess, it used to be said that, if the whole truth were told, it would be found that not half of the unsucccessful cases had been acknowledged.

But, thanks to the labours of intelligent surgeons and honest men in London and the provinces, this operation has now for years past taken an honourable place in surgery, and has been recognised by all who have seen much of the disease,—and such only have any right to give an opinion in the matter,—as an operation often imperatively called for. For the more one's experience of this formidable disease enlarges, the more one sees of the risks and failures of half-measures or palliative treatment, and how seldom nature works a spontaneous cure, the more is ovariectomy welcomed, formidable though it be. That some day, it is to be hoped not far distant, some new method of more safely and perfectly imitating nature's ways of cure will be found out, there can, it seems to me, be no doubt. But, in the meantime, multilocular ovarian disease is unfortunately one incurable by any method less dangerous than ovariectomy. It is a proceeding, it seems to me, applicable to the majority of cases of multilocular disease, and in a short time the simple rule of treatment will, I believe, be, *to wait till the life of the patient is threatened by the disease*, and then, in suitable cases, to recommend the radical cure ; and every successful case will be a life saved.







